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2612/11

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/489,511	
	Filing Date	January 21, 2000	
	First Named Inventor	Easwar	
	Group Art Unit	2612	
	Examiner Name	Nguyen, L.	
Total Number of Pages in This Submission	24	Attorney Docket Number	LS/0002.00

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John A. Smart Attorney of record
Signature	
Date	April 2, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 04/02/2002			
Typed or printed name	John A. Smart		
Signature		Date	04/02/2002

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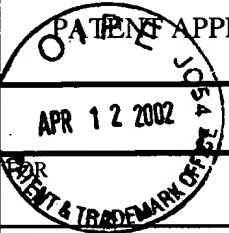
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Docket No. LS/0002.00

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PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 09/489,511											
		CLAIMS AS FILED - PART I				SMALL ENTITY		OR		OTHER THAN SMALL ENTITY							
		(Column 1)		(Column 2)													
		NUMBER FILED		NUMBER EXTRA		RATE		FEE		RATE		FEE					
		BASIC FEE (37 CFR 1.16(a))				x \$		=		OR		x \$		=			
		TOTAL CLAIMS (37 CFR 1.16(c))		60 minus 20 = *		40		x \$		=		OR		x \$		=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3 minus 3 = *		0		x \$		=		OR		x \$		=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+		=		OR		+		=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		=		OR		TOTAL		=			
		CLAIMS AS AMENDED - PART II				SMALL ENTITY		OR		OTHER THAN SMALL ENTITY							
		(Column 1)		(Column 2)													
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE					
		Total (37 CFR 1.16(c))		* 40 Minus ** 60 = 0		x \$ 9 = 0		0		OR		x \$ =		=			
		Independent (37 CFR 1.16(b))		* 2 Minus *** 3 = 0		x \$ 42 = 0		0		OR		x \$ =		=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+		=		OR		+		=		=		=			
TOTAL		0		OR		TOTAL		=		=		=		=			
		(Column 1)		(Column 2)		(Column 3)		ADDITIONAL FEE		OR		ADDITIONAL FEE					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE			
		Total (37 CFR 1.16(c))		* Minus ** =		=		x \$ =		=		OR		x \$ =		=	
		Independent (37 CFR 1.16(b))		* Minus *** =		=		x \$ =		=		OR		x \$ =		=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+		=		OR		+		=		=		=	
TOTAL		=		OR		TOTAL		=		=		=		=			
		(Column 1)		(Column 2)		(Column 3)		ADDITIONAL FEE		OR		ADDITIONAL FEE					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE			
		Total (37 CFR 1.16(c))		* Minus ** =		=		x \$ =		=		OR		x \$ =		=	
		Independent (37 CFR 1.16(b))		* Minus *** =		=		x \$ =		=		OR		x \$ =		=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+		=		OR		+		=		=		=	
TOTAL		=		OR		TOTAL		=		=		=		=			
		(Column 1)		(Column 2)		(Column 3)		ADDITIONAL FEE		OR		ADDITIONAL FEE					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE			
		Total (37 CFR 1.16(c))		* Minus ** =		=		x \$ =		=		OR		x \$ =		=	
		Independent (37 CFR 1.16(b))		* Minus *** =		=		x \$ =		=		OR		x \$ =		=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+		=		OR		+		=		=		=	
TOTAL		=		OR		TOTAL		=		=		=		=			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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